L140000 70225

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

KMP STEEPLECHASE 15 LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. Kyle Bailey

(Name of Person)

KMP Steeplechase 15 LLC

(Firm/Company)

3225 S MacDill Ave, Ste 129-259

(Address)

Tampa, FL 33629

(City/State and Zip Code)

For further information concerning this matter, please call:

R. Kyle Bailey

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability con KMP Steeplechase 15 LLC	npany is	
2. The Articles of Organization were	filed on April 30, 2014	and assigned
document number L14000070225		
Note: If the date inserted in this block	solution if not effective on the date of filin anot be prior to or more than 90 days later than date or does not meet the applicable statutory filing the on the Department of State's records.	document is received for ming)
4. A description of occurrence that re 605.0707, Florida Statutes, (copy 6	esulted in the limited liability company's of 05.0707 on back cover letter).	lissolution pursuant to section
Real Estate Sold LLC Redundant.		
5. If there are no members, enter the	name and address of the person appointed	وهن المالي والم
activities and affairs:		
		HASS -
		<u>ੂੰ</u> ਹ ਹ
		* 12 Halip
6. Signature of an authorized person listed above to wind up the company'	or if there are no members, the signature of sactivities and affairs:	•
	R. Kyle Bailey	
Signature	Printe	d Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

R. Kyle Bailey

Printed Name of the Person Filing

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: KMP Steeplechase 15 LLC	
Document number of Limited Liability Company is: L14000070225	_
Date of dissolution was: 9/1/2016	_
Description of information that must be included in a written claim:	
Claims must be made in writing and include the claim amount	,
basis and origination date. The deadline for submitting claims	_
is December 31, 2016.	_
	_
	_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
KMP Steeplechase 15 LLC	
3225 S: MacDill Ave, Ste 129-259	C
Tampa, FL 33629	
A claim against the above named limited liability company will be barred unless a proceeding to enforce claim is commenced within 4 years after the filing of this notice.	the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00